

Blackpool Health and Wellbeing Board: Correspondence December 2013

Below is a selection of current items of interest and events. Further detail is accessible by clicking on the corresponding link. If you would like to bring any item for discussion to a future Board meeting, please notify the Chair in advance for consideration or email Traci at traci.lloyd-moore@blackpool.gov.uk

Events

Organiser	Topic	When and Where
Lancashire Health and Wellbeing Board	JSNA Healthy Behaviours - Every year the Lancashire JSNA team and partners undertake a small number of deep-dive thematic JSNAs. This year the Lancashire health and wellbeing board has requested a thematic JSNA on health behaviours. To book a place contact jsna@lancashire.gov.uk by 13 December	16 January 2014 2-4pm Conference Room 1 Preston Gujarat Hindu Society
Leeds Metropolitan University – Institute For Health and Wellbeing	Putting the ‘public’ back into public health: Building the experience of citizens into public health evidence A conference for public health commissioners, CCGs, councillors, academics, citizens and organisations engaged in promoting health to debate what counts as evidence, what sort of evidence different partners want, and what we need to do to gain greater recognition for voice evidence. Places must be booked by 8 January.	16 January 2014 9:30-4:30 The Rose Bowl Leeds Metropolitan University City Campus Leeds LS1 3HL
Local Government Association	Health and Wellbeing System Improvement – Looking to the Future National reflections from Department of Health, Public Health England, the Local Government Association and NHS England on progress with the locally led health and wellbeing system one year on	19 March 2014 10am – 3:45pm Local Government House Smith Square, London

Health and Wellbeing Board Matters

Topic/Theme	Overview	Further information
Integration Transformation Fund	The recent letter from Carolyn Downs (LGA Chief Executive) and Bill McCarthy (NHS England National Policy Director), which clearly and helpfully sets out the next steps for the ITF.	recent letter from Carolyn Downs and Bill McCarthy
Integration Transformation Fund	<p>Following the publication of a joint letter and ITF template, the LGA and NHS England have had continued conversations with the Government on the detail of the performance metrics, and a further update on this will be published shortly. Financial allocations will be made along with the Autumn Statement.</p> <p>Regional council Chief Executive leads have been asked to contact local areas to evaluate readiness for ITF, working with NHS Directors, LGA Principal Advisers and the Association of Directors of Adult Social Services (ADASS). The output of these conversations will be fed back through the Health Transformation Task Group and will inform the package of support materials produced by the LGA to assist with joint planning locally (including the LGA's integration toolkit)</p> <p>The LGA also working nationally to align all of this with the NHS planning cycle to ensure maximum impact and minimum duplication.</p>	integration toolkit
Health and Wellbeing Peer Challenge	<p>The LGA pilot health and wellbeing peer challenge programme has undergone a rapid review – see attached link. The main purpose of the review is to provide the LGA and its partners with some insight into how HWBs are developing and also looking at which learning themes have emerged from the delivered peer challenges.</p> <p>The review findings concluded that, on the basis of the four pilot peer challenges, HWBs have made a good start but are still considered to be at a key stage in their development. It has also found that in order to help boards to become drivers of change, the focus of health and wellbeing peer challenges must shift from transition to transformation and to encourage all boards to create spaces for reflection, constructive challenge and development.</p> <p>Several councils have expressed an interest in a more thematic focus as part of our peer</p>	rapid review delivered by Shared Intelligence

	<p>challenge work. The LGA are now working with Public Health England and partners to develop a module on childhood obesity. The first step is a workshop on 18 December to include a group of practitioners, councillors and experts to develop a methodology. The LGA are looking for between two and three councils to pilot this in Spring 2014, as well as organising a peer training event on 13/14 February.</p>	
<p>Excellence Framework</p>	<p>The Framework of Excellence aims to set out what excellent practice looks like in CCG clinical commissioning. It has been developed in collaboration with CCGs with nearly 90 per cent of them taking the opportunity to review and contribute to its development. The first draft is provided in the link</p>	<p>Framework of Excellence</p>
<p>Women in the JSNA and JHWS</p>	<p>The Women's Health and Equality Consortium report 'Better Health for Women: how to incorporate women's health needs into Joints Strategic Needs Assessments and Joint Health and Wellbeing Strategies' is intended to support HWBs to improve health and wellbeing outcomes for women and girls by offering vital information, evidence and examples of good practice for undertaking JSNAs and developing JHWSs. There are particular issues that impact on women and girls' health that need to be taken into account if services are to be effective for everyone. Please visit the to read our one page summary and access the full document</p>	<p>WHEC website</p>
<p>Sexual Health Services</p>	<p>This monthly bulletin addresses 'live issues' and queries from those responsible for commissioning sexual health services, and provides guidance and suggestions for solutions that can be used at local levels. The bulletin is also intended to provide information for provider bodies. It has been developed by Public Health England (PHE), in conjunction with the Department of Health, Local Government Association, Association of Directors of Public Health and the National Commissioners Group.</p>	<p>monthly bulletin</p>

Topic/Theme	Overview	Further information
Children and Young People	<p>The Chief Medical Officer (CMO) has devoted her report to improving health and wellbeing outcomes for children and young people. The report includes important messages and recommendations which have implications for local authorities with responsibilities for public health and children's services. These include:</p> <ul style="list-style-type: none"> • growing evidence for the benefits of early intervention by schools, local authorities and the NHS to individuals and the wider economy in later life • the importance of building resilience, so that children and young people learn how to cope effectively as adults. <p>The CMO identifies the importance of helping young people to build resilience – developing skills in supported environments that can be applied in more challenging situations in the future. There is increasing evidence that schools and local authorities can successfully assist this; the CMO points to the NICE local government public health briefing social emotional wellbeing for children and young people</p>	<p>2012 annual report</p> <p>Social and Emotional Wellbeing for Children and Young People</p>
Children and Young People	<p>The All Party Parliamentary Group (APPG) for Looked-After Children and Care Leavers has published The Entitlements Inquiry into the differences between what looked-after children and care leavers across England are entitled to and the support they actually receive.</p> <p>Over 70% of children in care and 80% of young care leavers do not think they have all the information they need about the support they should receive from their local authority. More than one third did not know if they have a care plan, and only half of care leavers say they have a pathway plan, setting the support the local authority will provide for them. While less than half are aware of key entitlements to help them stay in education, getting and keeping a job and to set up home when they leave care.</p> <p>This briefing will be of interest to cabinet portfolio members for children services, directors of children's services, as well as overview and scrutiny members and officers with an interest in looked after children and care leavers.</p>	<p>The Entitlements Inquiry</p>
Children and Young People	<p>Ofsted – Single Inspection Framework</p> <p>New arrangements have commenced for the single inspection of child protection, services for looked after children and care leavers, and LA fostering and adoption services and for the</p>	<p>single inspection framework</p>

	<p>review of Local Safeguarding Children Boards (LSCBs). Ofsted has published the outcome of recent consultations on these arrangements and re-published the single inspection framework and reviews of Local Safeguarding Children Boards] and the handbook, with new sections on the review of LSCBs. This briefing will be of interest to Leaders and Lead Members for Children’s Services, and officers responsible for children’s social care.</p>	
Clinical Commissioning Groups	<p>CCG Assurance Framework</p> <p>This NHS England guidance indicates that CCGs will be rated every quarter on six domains: quality, engagement, better outcomes, robust governance, partnership and strong leadership. The judgements will be based on risk and include: assured, assured with support, not assured – intervention required. Frequency of assessment may be reduced for well performing CCGs</p>	CCG assurance framework guidance
Health and Social Care	<p>Outcomes Framework update - All three outcomes frameworks have been revised for 2014-15.</p> <p>ASCOF - new measure of experience of joined up and seamless care and a new focus on prevention and delaying the need for care and support.</p> <p>NHSOF no major changes this year.</p> <p>PHOF – some changes and further clarity for alignment across all three frameworks</p>	<p>Adult social care</p> <p>NHS outcomes framework</p> <p>Public health</p>
Health and Social Care	<p>Dementia Care</p> <p>The DH has published a report describing dementia care, support and research, and highlighting where progress is being made and where further improvement is needed. There is also an interactive map with data about dementia care in local areas</p>	Dementia care and support
Health and Social Care	<p>Improved Joint working between commissioners and providers of residential care</p> <p>ADASS and the Care Providers Alliance have produced a report aiming to improve joint working between commissioners and providers of residential care for people with learning disabilities. Problems in relationships were identified such as a loss of specialist commissioning and procurement expertise, disproportionate risk on providers and providers not understanding pressures on councils. Solutions include secondments and joint training and developing local market position statements</p>	Finding common purpose

<p>Healthwatch</p>	<p>Delivering effective local Healthwatch</p> <p>In September 2013 The LGA Healthwatch Implementation Team (HIT) and Healthwatch England launched the outcomes and development toolkit to support the development of local Healthwatch and to help identify what outcomes and impacts a 'good' local Healthwatch could achieve . The Team are now readying themselves to visit localities and work with commissioners and local Healthwatch to bring the outcomes and impact development tool to life. Offering three different support sessions dependent on the stage of locality development. In support of this the LGA have refreshed their guidance on developing local Healthwatch and it is hoped this will help councils to better understand the commissioning of local Healthwatch and review how well their local Healthwatch delivers its roles and responsibilities. It can also help local Healthwatch develop their understanding of what is expected of them and how they can deliver best practice.</p>	<p>Delivering effective local Healthwatch – key success factors – pdf version</p>
<p>Healthwatch</p>	<p>Reflective Audit</p> <p>The HIT and Healthwatch England are now working with commissioners, local Healthwatch, and other key stakeholders in the North West to develop what will be known as the 'Reflective Audit', which will explore how the effectiveness of local Healthwatch is perceived by a range of its key stakeholders. The audit has evolved from the 360 degree appraisal methodology, but instead of the focus for future action being on an individual this will be an open and shared audit to identify ways of improving the conditions (within the complex health and social care system) to allow local Healthwatch to improve its effectiveness, and therefore outcomes and impacts. Improvement actions could be owned by local Healthwatch, the commissioner and/or key stakeholders. The audit is being co-designed with partners in the North West, via focus groups taking place over the next couple of months, and a development sub group. Well keep you up to date on this development via the LGA Knowledge Hub</p>	<p>'Healthwatch Implementation Group'</p>
<p>Healthwatch</p>	<p>Information from the Care Quality Commission (CQC) – a message to local authority commissioners</p> <p>The CQC is improving the way they inspect and regulate health and social care services. They have started new style inspections of acute hospitals and from January they will extend this to their inspections of mental health and community trusts. Later in 2014 the CQC will improve their inspections in the other sectors they regulate including adult social care and GPs. More information about these inspections can be found on their website. The CQC hope to make</p>	<p>CQC website</p>

	<p>better use of the information local advocacy services gather and hold about people's experiences of care, and their views on the health and social care services they work with from their perspective as advocacy providers. This includes NHS complaints advocacy, mental health and mental capacity advocacy and other general advocacy services in your authority. The CQC also recognise that commissioners may be interested in receiving updates about CQC's work – and relationships with advocacy services, Healthwatch and other patient and public representatives</p>	
NHS News	<p>NHS England Mandate</p> <p>The refreshed Mandate has been published following long discussions between the government and NHS England which was not happy with many new objectives so soon after the first mandate was published. Many of these have been dropped or watered down including a paperless NHS by 2018, a target for helping to reduce avoidable deaths, payment from overseas visitors and the development of genomics. The three areas of focus in the mandate are the vulnerable older people plan (subject to resources), a system-wide approach to the Francis report and delivering equality between mental and physical health care.</p>	<p>NHS England mandate 2014-15</p>
Local government	<p>Introducing personal budgets</p> <p>This document sets out a clear framework upon which your local plans to implement personal budgets for children, young people and families can be built on. Developed with support from the Department of Education and in conjunction with SQW, it draws on the draft Code of Practice for Special Educational Needs, the draft Special Educational Needs regulations, In Control's experience and the learning and evaluation evidence collated by SQW in its role as lead evaluators of the DfE's Individual Budget Pilots and their ongoing work to evaluate the SEND Pathfinders</p> <p>There are different types of personal budgets so one of the challenges in developing them is to ensure that a common language and a common set of definitions are agreed including:</p> <p>A social care budget: a budget made available if it is clear that a child or young person is assessed as needing additional and individual support at home and when out in their local/wider community.</p> <p>A personal health budget: a budget made available if a child or young person has complex, long-term and/or life-limiting conditions. Children who are supported through 'Continuing</p>	<p>Support and Aspiration: Introducing Personal Budgets</p> <p>draft Code of Practice for Special Educational Needs (DfE October 2013);</p>

	<p>Care' funding will have the right to request a personal health budget from April 2014, this will become a 'right to have' in October 2014. From August 2013 the NHS has also had the legal power to give direct payments.</p> <p>A personal SEN budget: a budget made available by a local authority as it is clear that without this additional funding it will not be possible to meet a child's learning support needs. The school/college involved will already have funding for learning support across the school; only pupils or students with more complex learning support needs are likely to need a personal SEN budget</p>	
<p>NHS News</p>	<p>Two far-reaching reports were published in November.</p> <p>1. The government's response to the Francis report agreed with most recommendations in principle; major actions and those relating to councils. Robert Francis has also been appointed president of the Patients Association providing a significant boost to the profile and status of the patient voice. The main measures, and those relating to the work of councils include:</p> <ul style="list-style-type: none"> • A statutory duty of candour in the event of death or serious harm to be enforced by the Care Quality Commission applying to both health and adult social care providers. • The government disagreed with the Francis recommendation of a consistent basic structure and centrally allocated funding to local Healthwatch, saying that local Healthwatch should reflect local circumstances. • Francis recommended that health overview and scrutiny committees should have a power of inspection of providers working either directly or with local Healthwatch; the government accepted this in principle but warned of the dangers of duplication, saying that there are existing powers to visit premises where there are concerns about quality. It accepted that the CQC should expand its work with health scrutiny. • Standards of care for providing food and drink to older patients as well as CQC guidance will come into effect in 2014 subject to parliamentary approval. • The government did not accept the recommendation to merge Monitor with the CQC bringing together financial and quality regulation; instead it wants a single regulatory process. • Following a recommendation in the Berwick review of safety, a new criminal offence of 	<p>Government's full response to the Francis report</p>

	<p>'wilful neglect' will be introduced for the NHS (Community Care indicates that it is not clear whether this will also apply to social care). A consultation on the scale of sentence will be carried out in the next few months. Some doctors leaders have protested that this could create a climate of fear in the NHS</p> <p>2. NHS England has published the first stage of its review into urgent and emergency care, recommending a two-tier approach to A&E, likely to lead to downgrading of services in some areas. Many other reports on improving A&E this winter were published.</p> <p>The Chief Inspector of Primary Care at the Care Quality Commission Steve Field informed the Health Service Journal that following the first wave of inspections of GP practices unacceptable variations were identified and a number of poor practices have been close</p>	<p>First stage of review of urgent and emergency care</p>
<p>NHS News</p>	<p>Review of Walk-in Centres</p> <p>Monitor's preliminary findings indicate that walk in centres are popular with patients, particularly young adults, some women and vulnerable social groups. 185 centres are still operating, but around a quarter have closed in the past three years. Monitor acknowledges that some centres are not good value for money – with the potential to duplicate general practice and serve patients who did not need treatment. However closures with insufficient planning would make it more difficult to access primary care in some areas. Monitor suggests that centres should not be closed without taking patients' needs into account. One option would be to change payment options so that payment for patient care is not made twice. Monitor will consult on this issue and produce a further report next year</p>	<p>Monitor review of walk in centres</p>
<p>NHS News</p>	<p>A&E Winter Pressures</p> <p>On top of the £250 million additional funding allocated to areas deemed most at-risk of problems in A&E to increase beds and staff, a further £150 million from NHS England's expected surplus was announced in November. This will be paid to CCGs to support services in areas not deemed the most at-risk</p>	<p>Winter pressures in A&E</p>

<p>NHS News</p>	<p>Audit of Intermediate Care</p> <p>The audit by the British Geriatric Society with ADASS found that demand for intermediate care was far greater than capacity; despite last year's recommendation there had been little investment in services. The review suggests that links between urgent and intermediate care were not good, with only three percent of referrals coming from A&E departments. Links with the wider health and care system appear to be working better. However, less than half of local CCGs receive reports on intermediate care and there is a lack of dementia training in staff.</p>	<p>National audit of intermediate care</p>
<p>NHS News</p>	<p>GP Contract</p> <p>The next GP contract (developed through discussions between government & BMA) will reduce elements of performance related pay in the quality and outcomes framework with £240million transferred into core funding. £160 million will be allocated to supporting people over 75 including:</p> <ul style="list-style-type: none"> • risk stratification to identify people at risk of hospital admission • a named GP, with preferential phone and appointment access, individual care plan and increased checking on discharge from hospital. 	<p>GP contract 2014-15</p>
<p>Public Health</p>	<p>This PHE briefing paper addresses the issue of creating environments where people are more likely to walk or cycle for short journeys.</p>	<p>Obesity and the environment: increasing physical activity and active travel</p>
<p>Public Health</p>	<p>This PHE briefing paper addresses the opportunities to limit the number of fast food takeaways (especially near schools) and ways in which fast food offers can be made healthier</p>	<p>Obesity and the environment: regulating the growth of fast food outlets</p>
<p>Public Health</p>	<p>This report by think-tank Demos indicates that overall people in the UK are drinking less, but some communities suffer from severe problems relating to underage drinking, binge drinking and street drinking. It states that the government has not established a strong national policy and the local response from local authorities and health and wellbeing boards 'will now lead the way'.</p> <p>Sobering up highlights best practice from across the UK, including case study areas: Blackpool, Ipswich, Manchester and Kent. It recommends tackling the problem of 'proxy-purchasing'</p>	<p>Sobering up</p>

	<p>through more community policing and tougher punishments, and greater restrictions on access to drink for people in city centres who are already very drunk. It advocates more local partnerships engaging with both small and large retailers.</p>	
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